Provider *Insider*

Alabama Medicaid Bulletin — **November 2004**

The checkwrite schedule is as follows:

11/05/04 11/19/04 12/03/04 12/17/04

As always, the release of direct deposits and checks depends on the availability of funds.

Ivan Causes Implemention Rescheduling of the New Patient 1st Program

Due to the extensive damage caused by Hurricane Ivan, the Agency will be rescheduling the implementation of the Patient 1st Program for Phases One and Two. This change will allow our providers and recipients to recover and rebuild prior to the start of the Program. The new implementation schedule will be as follows:

Phase One Providers: Recipients will be receiving a postcard telling them that the program is being postponed until February. Their assignment will remain on file and they will be able to change up until January 20th. Around the 1st of January, we will send them a reminder postcard of the new effective date and their PMP assignment. Once providers have a chance to regroup from the storm, we will be contacting the offices to determine participation.

Phase Two Providers: We will maintain your application on file. If you have not completed your application to date, please do so and submit it to EDS. Agency and EDS staff will continue to work with historical providers for which no application has been received and others to resolve identified problems with applications.

Phase Three Providers: Please submit your application ASAP. If you have not received an application, the form can be downloaded from the WEB or you may contact the Agency and one will be mailed to you. Agency staff will begin contacting providers to facilitate the application process. If your application is not received prior to the assignment process, then historical patients will be assigned elsewhere.

(Continued on Page 6)

Phase One: February 1, 2005

Baldwin, Choctaw, Clarke, Conecuh, Dallas, Escambia, Greene, Hale, Marengo, Mobile, Monroe, Perry, Sumter, Washington and Wilcox

Phase Two: February 1, 2005

Autauga, Barbour, Bullock, Butler, Chambers, Coffee, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Russell

Phase Three: December 1, 2004 (originally scheduled date)

Calhoun, Cherokee, Clay, Cleburne, Colbert, Coosa, DeKalb, Etowah, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Randolph, Talladega, Tallapoosa

Phase Four: January 1, 2005 (originally scheduled date)

Bibb, Blount, Chilton, Cullman, Fayette, Jefferson, Lamar, Pickens, Shelby, St.Clair, Tuscaloosa, Walker, Winston

In This Issue…

Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ❒ *Office Manager*
- ❒ *Billing Dept.*
- ❒ *Medical/Clinical Professionals*
- ❒ *Other _____*

New Form Coming In January

The Alabama Medicaid Agency is developing a new form for all providers to use when requesting an Administrative Review of outdated claims. More information will be forthcoming. The proposed effective date is January 1, 2005.

Important Information for Eye Care Providers

Currently prior authorized (PA) glasses, exams, and fittings are not posting to the benefit limit screen. A request to post glasses, exams and fittings that have been PA'd has been submitted. We will notify you upon completion via the Provider Insider. In the meantime, please contact the Provider Assistance Center at 1-800-688-7989 to obtain the date the last pair of glasses was issued.

Codes for Properly Billing Newborn Care

The Agency recognizes the CPT's 2004 definitions for newborn care. Please use code 99238 when billing for newborn hospital discharge services provided on the discharge date that is subsequent to the admission date of the newborn. Code 99435 is used when a normal newborn's history/ exam (including medical record preparation) is assessed and discharged from the hospital or birthing room on the same date.

Physician Office Visit Limit Reinstated

The Alabama Medicaid Agency is reinstating the physician office visit limit of 14 per calendar year. The change will be effective retroactive to May 1, 2004. Providers should file claims for services provided that have been not been previously filed. Claims denied since May 1, 2004, were reprocessed during the month of October 2004.

Physician Fee Schedule

The fee schedule is now available on our website at *www.medicaid.state.al.us*. Please select 'Provider', then select 'Fee Schedules' from the blue-shaded, rectangular-shaped box on the left hand side.

Prior Authorization Information Updates

Effective October 1, 2004, DME suppliers who wish to provide Motorized/Power Wheelchairs must be registered as a Certified Rehab Technology Supplier (RTS) by the National Registry of Rehab Technology Suppliers (NRRTS). As an alternative, a supplier shall be certified as a Rehab Technology Supplier (CRTS) or Assistive Technology Supplier (ATS) from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). After October 1, 2004, only suppliers who are certified may participate. When submitting your prior authorization request for Motorized/Power Wheelchairs, please submit a copy of your certificate showing successful completion of certification requirements.

Based on information received from the Alabama Durable Equipment Association (ADMEA), some members currently lack continuing education contact hours (CECH) necessary for membership and plan to obtain the necessary CECH and complete the certification process by the end of the year. Therefore, the Medicaid Agency has granted extension until December 31, 2004 to the providers identified by the ADEMA who have tried in good faith to meet the certification requirements. Any other providers who have started the certification process with NRRTS or RESNA and need an extension may contact Wanda Davis at (334)- 242-5018 or Ida Gray at (334) 293-5577.

After October 1, 2004, only suppliers who are certified may participate. When submitting your prior authorization request for Motorized/ Power Wheelchairs, please submit a copy of your certificate showing successful completion of certification requirements.

For information regarding certification through RESNA or NRRTS contact: Tonya Vaughn at (703) 524-6686 ext. 311.

Updated Medicaid Coverage criteria for the Pulse Oximeter Supplies

Nondisposable probes may be used for children greater than 20 kilograms (2.2 kilogram = 1 pound) or greater than 44 pounds. Children 10 to 11 years old can use non disposable probes.

A4606 - non disposable probe reimbursement rate is $185.00 ea. (limited to 1 per year per recipient).

A4606 - disposable probe reimbursement rate is $ 30.00 ea. (limited to 2 probes per month per recipient).

Procedure Code Changes Effective October 1, 2004

New	A7000 (P) Canister, non disposable, used with suction pump (limited to 4 per year).
New	A7001 (P) Canister, non-disposable, used with suction pump (limited to 1 per year)
New	A7002 (P) Tubing, used with suction pump (12 per year)

Procedure Code Information

The procedure codes listed below require prior authorization:

A4521	A4522	A4523
A4524	A4529	A4530

Prior Authorization requests for Augmentative Communication Devices (ACD) should be forwarded to: EDS Prior Authorization Unit, P. O. Box 244035, Montgomery, AL 36124-4035.

Please do not send ACD prior authorization requests to David Savage at the Department of Childrens Rehabilitation Services. If you have additional questions or need further clarification, please contact LTC Provider/Recipient Services at 1-800-362-1504.

Important Billing Information for Laboratory Services

Providers should **not** submit claims for laboratory work done for them by independent laboratories or by hospital laboratories. Providers who send specimens to independent laboratories or hospital laboratories for analysis may bill a collection fee. The collection fee procedure code should be billed with modifier 90 (reference outside laboratory).

Providers **may** submit claims **for laboratory work done by them in their own offices or laboratory facilities**. However, a collection fee cannot be billed for laboratory work done by them.

The above policy is applicable regardless of the method of collection of the blood specimen (e.g. drawing of blood, collection of a pap smear, etc.).

Gumball Trinkets: Dangerous Charms

On May 11, 2004, CBS Evening News reported about Gumball machines that "Kids flock to them for trinkets inside, hoping mom will break down and allow that 25 cent moment of joy." But, as CBS News Correspondent Mika Brzezinski reports, for Kara Burkhart, that decision was just the beginning of an endless nightmare. 'To this day I still have tears, ' says Burkhart. 'It's my baby and he had to go through horrendous and horrifying pain all because of something so small.' Her son, Colton, was 4 years old when he swallowed a pendant. Doctors removed it, but not before Colton had absorbed 12 times the normal level of lead in his bloodstream, enough to nearly kill him.

Even now his future is uncertain. 'The more we learn about it the scarier it gets,' says Burkhart. 'He could have behavioral problems he could've had neurological damage….Lead paint, the source of most lead poisoning, has long been banned on children's toys. But there's no limit to the amount of lead that can be used in kids jewelry, as long as it is properly coated. CBS News purchased jewelry from several vending machines…and had them analyzed at an independent lab. The results were disturbing. If mouthed for an hour, six out 10 pieces would have released enough to give a child lead poisoning as much as seven times over." Are you patients at-risk for blood lead poisoning? Please ensure your patients are up-to-date on their blood lead levels. Please refer to Appendix A, Well Child Check-Up, for the Risk Questionnaire and further information.

Important Mailing Addresses	
All Claim forms, Consent forms, and other mail	EDS Post Office Box 244032 Montgomery, AL 36124-4032
Inquiries, Provider Enrollment Information, and Provider Relations	EDS Post Office Box 241685 Montgomery, AL 36124-1685
Adjustments	EDS Post Office Box 241684 Montgomery, AL 36124-1684

Information for Anesthesia Providers

Effective October 1, 2004 to bill for code 90784, bill the first line item with the code and one unit. Bill the second line item with code 90784 with modifier 76 (repeat procedure) and 3 units.

When an anesthesiologist provides the management of the PCA pump through an IV line, the anesthesiologist will be allowed a total of four units and will be considered a global payment for the management regardless of the number of days the recipient remains on the pump. Daily management of a PCA pump through an IV line is disallowed. Use procedure code 90784 for daily hospital management of intravenous patient-controlled analgesia.

New Code for Disimpaction of Ear Wax

Beginning December 1, 2004, the appropriate code to use for disimpaction of ear wax (which requires the skill and use of forceps, suction or a cerumen spoon) is 69210. If a simple instrument is used, such as a curette, and the cerumen comes out easily, or if a solvent or lavage is used, the providers should code for an evaluation and management visit. Documentation should clearly reflect services rendered.

Films Submitted With Prior Authorization Requests

Effective July 1, 2004, radiographs sent with Prior Authorization Requests must be current (taken within the last year).

Medicaid Holiday Schedule

Thanksgiving
Thursday, November 25
Friday, November 26

Christmas
Friday, December 24

New Year's
Friday, December 31

Newborn Program Expands Panel of Disorders

The Alabama Newborn Screening Program expanded the panel of metabolic disorders in September 2004. Using tandem mass spectrometry (MS/MS) technology, screening includes amino acid, organic academia and fatty acid oxidation disorders in a single process. The process uses the dried blood spot specimen routinely collected for newborn screening. Analytes will be tested for the following disorders:

1. Maple Syrup Urine Disease (MSUD)
2. Homocystinuria
3. Tyrosinemia
4. Citrullinemia
5. Medium Chain Acyl-CoA dehydrogenase Deficiency (MCAD)
6. Propionic Acidemia
7. Methylmalonic Acidemia
8. Carnitine Transport Defect

In the future, tests for additional disorders will be phased in. The program will continue to screen for phenylketonuria (PKU), congenital hypothyroidism, certain hemoglobinopathies (including sickle cell disease), galactosemia, congenital adrenal hyperplasia and biotinidase.

The Alabama Department of Public Health's Bureau of Clinical Laboratories conducts all screening tests for the approximately 60,000 infants born yearly in the state. For more information, contact Belinda Thompson, RN, BSN, Alabama Department of Public Health, Newborn Screening Program at (334) 206-5955, Danita Rollin, BS, MT(ASCP), Bureau of Clinical Laboratories, Newborn Screening Division, (334) 260-3400 or access the department Web site at *www.adph.org/newbornscreening/*

Household Inquiry Now Available

EDS has implemented a change which will allow providers to input the birth mother's SSN in order to obtain all other members in the household covered by Alabama Medicaid (i.e., newborn Medicaid numbers). The new enhancement is called "Household Inquiry." This function is currently available through AVRS, Medicaid's interactive website, and it is available through the Provider Electronic Solutions software. For more information, please contact the Provider Assistance Center at 1-800-688-7989.

Recouped Claims Filing Limit Guidelines

When an outdated claim (generally more than 1 year from the date of service) has been paid by Medicaid and is subsequently recouped, a resubmitted clean PAPER claim may still be processed if received by EDS within 120 days of the recoupment. The recoupment date must be reflected on the face of the claim and a copy of Medicaid's EOP showing the recouped claim and the recoupment date must be attached to the claim.

For UB-92 claims indicate in form locator 84: "Recouped Claim mm/dd/yy." Attach a copy of Medicaid's EOP showing the recoupment and the date.

For CMS-1500 (HCFA-1500) claims indicate in block 19: "Recouped Claim mm/dd/yy." Attach a copy of Medicaid's EOP showing the recoupment and the date.

For Dental claims indicate in the remarks section: "Recouped Claim mm/dd/yy." Attach a copy of Medicaid's EOP showing the recoupment and the date.

For Pharmacy claims indicate in the blank space above the TPL Payment/Denial Information block: "Recouped Claim mm/dd/yy." Attach a copy of Medicaid's EOP showing the recoupment and the date.

Mail your claim with attachments to EDS, PO Box 244032, Montgomery, AL 36124-4032.

Emergency Services for Non-Citizens

In July 2004, Medicaid automated the Emergency Services for delivery of newborns to aliens (non-citizens), aid categories 58 or R6. The delivery services billable through EDS include vaginal delivery, c-section delivery, anesthesia, and epidural.

For CMS-1500 (HCFA-1500) medical claims the following procedures are covered:

59409 – vaginal delivery only
59612 – vaginal only, after previous c-section
59514 – c-section only
59620 – c-section only, after attempted vaginal, after previous c-section
01960 – vaginal anesthesia
01961 – c-section anesthesia
62319 – epidurals

For UB-92 inpatient claims the following per diem is covered:
Up to 2 days per diem for vaginal delivery
Up to 4 days per diem for c-section delivery

- The Type of Admission must be "1"

Allowable diagnoses code for CMS-1500 or UB-92:

V270 – V279	V300 – V3921	65100 – 65993
650	6571 – 6573	

Allowable surgical codes for UB-92 are 740 – 7499.

Important Notice Part B Claims

The August 2004 Medicare Special Bulletin stated that Medicaid information is no longer required to be submitted on Medicare Part B claims because Medicare claims will automatically crossover to Medicaid based on eligibility data that Medicaid provides to Medicare. Medicare will crossover to Medicaid all claims for individuals who have Medicaid; however, MEDICAID WILL ONLY PROCESS FOR PAYMENT THOSE CLAIMS THAT CONTAIN SECONDARY MEDICAID INFORMATION. If you intend to file for Medicaid payment, you MUST complete all pertinent fields for Medicaid secondary payment, including the Alabama Medicaid number.

ALABAMA MEDICAID

In The Know

General Information Providers Need to Know When Billing to the Alabama Medicaid Agency

Medicaid Third Party Cost Avoidance Edits

Alabama Medicaid continues to expand cost-avoidance edits for pharmacy claims in accordance with federal requirements. This means that pharmacy providers will be required to file with an increasing number of health plans prior to filing with Medicaid. Recent changes in Medicaid's third party cost-avoidance editing may now result in the pharmacist receiving a rejection stating to bill the primary insurance, when in the past Medicaid may have paid the claim.

When the pharmacist receives a third party insurance rejection from Medicaid, the pharmacist will be required to bill the primary insurance and resubmit the claim to Medicaid once a payment or denial is obtained. Medicaid's claim processing system requires that the following information be entered on the pharmacy claim when Medicaid is filed as a secondary payer:

- The total submitted charge of the drug (Do not bill Medicaid for just the primary payer's copay)
- The coverage type – primary, secondary, tertiary
- The amount received from the other insurance
- The appropriate NCPDP code in the "Other Coverage Code" field.

Currently, the NCPDP "Other Coverage" codes that Medicaid's system will accept are:

01 – No other coverage
02 – Other coverage exists - payment collected (Submit the full charge and indicate on the claim the amount paid by the primary payer.)
03 – Other coverage exists - claim not covered (Use this code when the primary payer denies the claim because coverage is no longer in effect, the drug is not covered by the plan, or charges were applied to the deductible.)
04 – Other coverage exists - payment not collected (If this code is submitted, the claim will be returned to the provider to obtain an insurance payment or denial.)

We are aware that some pharmacy providers encounter problems billing Medicaid as a secondary payer. These problems often stem from a problem within the pharmacy's billing software. If the provider has submitted a pharmacy claim with the above information and still receives a TPL rejection from Medicaid or the provider is unable to enter the above information because there is no such field(s) listed on their claim, then the problem is most likely within their billing software. The provider may need to contact their software vendor for assistance. In addition, the provider may want to contact EDS for electronic claims submission (ECS) assistance at 1-800-456-1242. ECS technical assistance is available to assist the provider or the software vendor with Medicaid pharmacy billing problems.

If the Medicaid recipient indicates that the insurance on Medicaid's file is not in effect for the dispensed date, the provider can confirm this with the primary payer and submit the claim to Medicaid with an "Other Coverage Code" of 03. The recipient or provider should also call Medicaid and provide the corrected policy dates so that future claims will not deny. If a recipient indicates he was never covered by the policy and the provider confirms this with the health plan, the provider can submit the claim to Medicaid with an "Other Coverage Code" of 03. The recipient should also call Medicaid to update his record.

As a reminder, when a recipient does have coverage that is primary to Medicaid and the provider expects to file with Medicaid, the provider cannot collect the insurance copay or deductible amount from the recipient. The provider may, however, collect the Medicaid copay.

If you have questions regarding Medicaid's cost avoidance policies you may contact Keith Thompson at (334) 242-5281. If you or the recipient needs to update insurance information on Medicaid's file, please call one of the following:

If the patient's last name begins with: **A–G** call (334) 242–5280; **H–P** call (334) 242–5254; **Q–Z** call (334) 242–5279.

Rescheduling of the New Patient 1st Program

(Continued from Page 1)

Phase Four Providers: You should have received your application in the mail. If you do not receive an application, the form can be downloaded from the WEB or you may contact the Agency and one will be mailed to you.

Thank you for your patience as we work to reimplement the Patient 1st Program. If you have questions, please feel free to contact the following numbers:

EDS Provider Enrollment: 1-888-223-3630

EDS Provider Assistance Center: 1-800-688-7989

Patient 1st Program:
(334) 353-5907 or (334) 242-5148 or (334) 242-5011

Recipient Hotline: 1-800-362-1504

WEB Address: www.medicaid.state.al.us

Emergency Room Visits Must Have Proper Revenue Code

Emergency room visits (99281-99285) must be billed with revenue code 450. Any surgical procedures performed in the ER during the emergency room visit must be billed under the appropriate CPT code for the ER facility fee noted above. Surgical procedures performed in an operating room must be billed under the appropriate CPT code with revenue code 360. Surgical procedure codes billed with revenue code 450 will be denied or recouped on retrospective review.

Information Concerning Outpatient Claims

Medicaid will accept all valid revenue and procedure codes on outpatient claims for dates of service October 1, 2004 and after. Reimbursement methodology has not changed; therefore, detail lines with noncovered revenue and procedure codes will continue to deny. The claims adjudication system will automatically pay the surgical procedure code with the highest reimbursement rate at 100% of the fee on the pricing file and the subsequent procedures at 50% minus TPL and copay.

Important Information for Physical Therapy Providers

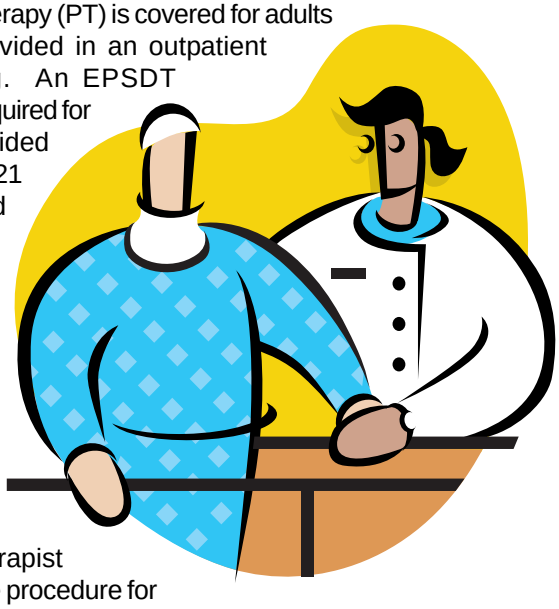
Recipients receiving physical therapy must be under the care of a physician or non-physician practitioner who certifies the recipient's need for therapy.

If the physical therapy continues past the 60th day, there must be evidence in the patient's medical record that a physician or non-physician practitioner has seen the patient within 60 days after the therapy began and every 30 days past the 60th day. Therapy services are not considered medically necessary if this requirement is not met. The 60-day period begins with the therapist's initial encounter with the patient (i.e., day the evaluation was performed). In the event an evaluation is not indicated, the 60-day period begins with the first treatment session. The therapist's first encounter with the patient should occur in a timely manner from the date of the physician's therapy referral.

Documentation in the patient's medical record must confirm that the patient receiving physical therapy services has been seen by the certifying physician as specifically indicated above. Having a physician signature on a certification or re-certification will not meet this requirement.

Physical Therapy / Occupational Therapy Provided in Outpatient Setting

Physical Therapy (PT) is covered for adults ONLY when provided in an outpatient hospital setting. An EPSDT referral is NOT required for PT services provided to children under 21 when performed in a hospital. Occupational Theraphy (OT) is covered ONLY for EPSDT-referred recipients or for QMB recipients. When a physical therapist and an occupational therapist perform the same procedure for the same recipient on the same date of service, the maximum units reimbursed will be the daily limit allowed for the procedure, not the maximum units for both providers. Modifier 22 will no longer be used to indicate additional PT/OT services effective October 1, 2004. The ONLY use of modifier 22 is when billing 97001-22, Motorized Wheelchair Assessment. Refer to Chapter 19, Hospital, in the Provider Manual for a complete list of covered procedure codes.



www.medicaid.state.al.us

EDS Provider Representatives

G R O U P 1

North: Jenny Homler, Karen Hutto, and Lisa Hodge

Bibb, Blount, Calhoun, Cherokee, Chilton, Clay, Cleburne, Colbert, Coosa, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Hale, Jackson, Jefferson, Lamar, Lawrence, Lauderdale, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscaloosa, Walker, Winston

lisa.hodge
@alxix.slg.eds.com
334-215-4159

jenny.homler
@eds.com
334-215-4142

karen.hutto
@alxix.slg.eds.com
334-215-4113

South: Melanie Waybright and Denise Shepherd

Autauga, Baldwin, Barbour, Bullock, Butler, Chambers, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Dallas, Elmore, Escambia, Geneva, Henry, Houston, Lee, Lowndes, Macon, Marengo, Mobile, Monroe, Montgomery, Perry, Pike, Russell, Sumter, Tallapoosa, Washington, Wilcox

Nurse Practitioners
Podiatrists
Chiropractors
Independent Labs
Free Standing Radiology

melanie.waybright
@alxix.slg.eds.com
334-215-4155

denise.hooker
@alxix.slg.eds.com
334-215-4132

CRNA
EPSDT (Physicians)
Dental
Physicians
Optometric
(Optometrists and Opticians)

G R O U P 2

Rehabilitation Services
Home Bound Waiver
Therapy Services
(OT, PT, ST)
Children's Specialty Clinics
Prenatal Clinics
Maternity Care
Hearing Services
Mental Health/Mental Retardation
MR/DD Waiver
Ambulance
FQHC

stephanie.westhoff
@alxix.slg.eds.com
334-215-4199

tracy.ingram
@alxix.slg.eds.com
334-215-4158

Public Health
Elderly and Disabled Waiver
Home and Community
Based Services
EPSDT
Family Planning
Prenatal
Preventive Education
Rural Health Clinic
Commission on Aging
DME
Nurse Midwives

G R O U P 3

Ambulatory Surgical Centers
ESWL
Home Health
Hospice
Hospital
Nursing Home

ann.miller
@alxix.slg.eds.com
334-215-4156

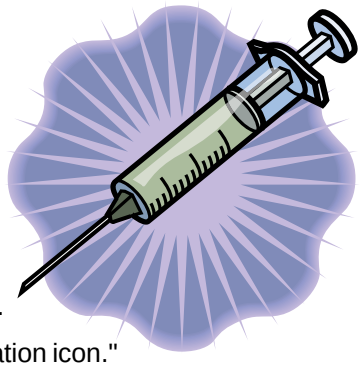
shermeria.hardy
@alxix.slg.eds.com
334-215-4160

linda.hanks
@alxix.slg.eds.com
334-215-4130

Personal Care Services
PEC
Private Duty Nursing
Renal Dialysis Facilities
Swing Bed

Urgent – Shortage of Influenza Vaccine

The State Department of Public Health (DPH) released the following information. "Alabama, like the rest of the nation, faces a shortage of inactivated influenza vaccine for the upcoming influenza season... Providers are urged to restrict use of inactivated influenza vaccine to priority groups identified by the Centers for Disease Control and Prevention. Priority groups include:



- Children aged 6-23 months;
- Adults aged 65 years and older;
- Persons aged 2-64 years with underlying chronic medical conditions;
- Women who will be pregnant during the influenza season'
- Residents of nursing homes and long-term care facilities;
- Children aged 6 months-18 years on chronic aspirin therapy;
- Health-care workers involved in direct patient care; and
- Out-of-home caregivers and household contacts of children aged <6 months.

For more information, please visit DPH at www.adph.org and select the news/information icon."

New Operating Microscope Policy

In keeping with Medicare's policy, effective January 1, 2005, the use of an operating microscope (code 69990) may be paid separately only when submitted with the following CPT codes: 61304-61546, 61550-61711, 62010-62100, 63081-63308, 63704-63710, 64831, 64834-64836, 64840-64858, 64861-64871, 64885-64891, 64905-64907. Changes will be included in the next Provider Manual update in Chapter 28, Physician's.

Alabama Medicaid Bulletin

EDS

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